

Rx Pain Medications

KNOW THE OPTIONS . GET THE FACTS

Prescription Pain Medication Agreement

I agree to the following:			
1. I will only take prescription pain medic seek these medications from other hea			
2. I will inform of any new medication or supplements I am taking including over-the-counter medications.			
3. I will only take my prescription as pres dose without instruction from	-		
 4. I will store all medications in a safe and secure place and will not give or sell my medication to anyone else. 5. I will fill my prescriptions at only one pharmacy (name:) and understand that my prescriptions may be monitored by my state's online prescription drug monitoring program. 6. I understand that if my prescription runs out early for any reason (for example, if I lose the medication or take more than prescribed), might not prescribe extra medications for me; I may have to wait until the next prescription is due. 			
		8. I agree to submit to drug testing (blood care provider.	d or urine) when requested by my health
Patient signature	Date		

Sources Consulted

- Teichman, P. (2001). A tool for safely treating chronic pain. Family Practice Management, 8, 47–49.
- American Academy of Pain Management (AAPM). (2002). Opioid agreements/contracts: The American Academy of Pain Management's Take on the Subject. American Academy of Pain Management Prescribing Issue: Opioid Agreements & Contracts. Retrieved from https://depts.washington.edu/fammed/files/CE_AAPM_Prescribing%20Issues.pdf

NEED HELP?

Call 1–800–662–HELP (4357) for 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish, or visit www.samhsa.gov/find-help.

Find more on safe pain management here: http://www.cdc.gov/drugoverdose/prescribing/patients.html





